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CONFIRMATION NO. 2942

Bib Data Sheet

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/911,195   | <b>FILING OR 371(c) DATE</b><br>07/23/2001<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>SIU 7396 |                                |
| <b>APPLICANTS</b><br>Kathleen C.M. Campbell, Glenarm, IL;  |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/057,065 04/08/1998 PAT 6,265,386<br>which is a CIP of 08/942,845 10/02/1997 PAT 6,187,817   |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 08/21/2001  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>41              | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>000321   |   |                               |   |  |                                |
| <b>TITLE</b><br>THERAPEUTIC USE OF D-METHIONINE TO REDUCE THE TOXICITY OF NOISE  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1182   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |